



AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

I (We) authorize **Haitian Christian Mission** to initiate withdrawals from the checking account indicated below in the 17th of each month in the amount of \$ _____, for student sponsorship.

Ex. \$35/month = support 1 student

\$70/month = support 2 students

\$105/month = support 3 students

\$140/month = support 4 students

Financial Institution Name (Please Print) _____

Account Number _____ Routing Number _____

Financial Institution City and State _____

I understand this authorization will remain in effect until I give written notice that it should be modified or terminated.

Your Name(s) Printed _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Signature _____ Date _____

Please staple voided check here.